

Revision: HCFA-PM-87-4 (BERC)
MARCH 1987

OMB No.: 0938-0193

State/Territory: Guam

Citation 4.19 Payment for Services

42 CFR 447.252
46 FR 44964
48 FR 56046
50 FR 23009
1902(e)(7) of
the Act,
P.L. 99-509
(Sec. 9401(d))

(a) The Medicaid agency meets the requirements of
42 CFR Part 447, Subpart C, and section 1902(e)(7)
with respect to payment for inpatient hospital
services.

ATTACHMENT 4.19-A describes the methods and
standards used to determine rates for payment for
inpatient hospital services.

TN No. 82-4
Supersedes
TN No. 85-7

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AUGUST 1987

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Citation

42 CFR 447.201
42 CFR 447.302
AT-78-90
AT-80-34
1903(a)(1) and
(n) and 1920 of
the Act,
P.L. 99-509
(Section 9403,
9406 and 9407)
52 FR 28648

4.19 (b) In addition to the services specified in paragraphs 4.19(a), (d), (k), (l), and (m), the Medicaid agency meets the requirements of 42 CFR Part 447, Subpart D, with respect to payment for all other types of services provided under the plan.

ATTACHMENT 4.19-B describes the methods and standards used for the payment of each of these services except for inpatient hospital, skilled nursing and intermediate care facility services that are described in other attachments.

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May 22, 1980

JAN 29 1981

State Guam

Citation
42 CFR 447.40
AT-78-90

4.19(c) Payment is made to reserve a bed during
a recipient's temporary absence from an
inpatient facility.

☐ Yes. The State's policy is
described in ATTACHMENT 4.19-C.

☒ No.

Amended (c)

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TN #

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Citation

4.19 (d)

42 CFR 447.252
47 FR 47964
48 FR 56046
42 CFR 447.280
47 FR 31518
52 FR 28141

- ☒ (1) The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart C, with respect to payments for skilled nursing and intermediate care facility services.

ATTACHMENT 4.19-D describes the methods and standards used to determine rates for payment for skilled nursing and intermediate care facility services.

- (2) The Medicaid agency provides payment for routine skilled nursing facility services furnished by a swing-bed hospital.

☐ At the average rate per patient day paid to SNFs for routine services furnished during the previous calendar year.

☐ At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.

☒ Not applicable. The agency does not provide payment for SNF services to a swing-bed hospital.

- (3) The Medicaid agency provides payment for routine intermediate care facility services furnished by a swing-bed hospital.

☐ At the average rate per patient day paid to ICFs, other than ICFs for the mentally retarded, for routine services furnished during the previous calendar year.

☐ At a rate established by the State, which meets the requirements of 42 CFR Part 447, Subpart C, as applicable.

☒ Not applicable. The agency does not provide payment for ICF services to a swing-bed hospital.

- ☒ (4) Section 4.19(d)(1) of this plan is not applicable with respect to intermediate care facility services; such services are not provided under this State plan.

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TN No. 84-2

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State Guam

Citation
42 CFR 447.45 (c)
AT-79-50

4.19 (e) The Medicaid agency meets all requirements of 42 CFR 447.45 for timely payment of claims.

ATTACHMENT 4.19-E specifies, for each type of service, the definition of a claim for purposes of meeting these requirements.

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Citation
42 CFR 447.15
AT-78-90
AT-80-34
48 FR 5730

4.19 (f) The Medicaid agency limits participation to providers who meet the requirements of 42 CFR 447.15.

No provider participating under this plan may deny services to any individual eligible under the plan on account of the individual's inability to pay a cost sharing amount imposed by the plan in accordance with 42 CFR 431.55(g) and 447.53. This service guarantee does not apply to an individual who is able to pay, nor does an individual's inability to pay eliminate his or her liability for the cost sharing change.

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JAN 29 1981

State Guam

Citation
42 CFR 447.201
42 CFR 447.202
AT-78-90

4.19(g) The Medicaid agency assures appropriate audit of records when payment is based on costs of services or on a fee plus cost of materials.

Handwritten: 4.19(g)

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JAN 29 1981

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Citation
42 CFR 447.201
42 CFR 447.203
AT-78-90

4.19(h) The Medicaid agency meets the requirements
of 42 CFR 447.203 for documentation and
availability of payment rates.

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REC'D RO <u>12/23/80</u>	SUPERSEDED BY TRANSM # _____
APPROVED <u>1/16/81</u>	EFFECTIVE _____

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Supersedes _____
TN # _____

Approval Date _____ Effective Date _____

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State Guam

JAN 29 1981

Citation
42 CFR 447.201
42 CFR 447.204
AT-78-90

4.19(i) The Medicaid agency's payments are sufficient to enlist enough providers so that services under the plan are available to recipients at least to the extent that those services are available to the general population.

formally (a)

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Citation
42 CFR 447.201
42 CFR 447.205
AT-78-37
46 FR 58677

4.19 (j) The Medicaid agency meets the requirements of 42 CFR 447.205 for public notice of any changes in Statewide method or standards for setting payment rates.

1903(a)(1) of
the Act,
P.L. 99-509
(Sec. 9403(g)(2))

☒ (k) With respect to payments for Medicare cost sharing (as defined in section 1905(p)(3) of the Act) for qualified Medicare beneficiaries, the Medicaid agency meets the requirements of section 1903(a)(1) of the Act.

1902(n) of the
Act, P.L. 99-509
(Sec. 9403(e))

The agency pays an amount for Medicare cost sharing and any other payment amount for an item or service under title XVIII of the Act that exceeds the amount otherwise payable under the plan for eligible individuals who are not qualified Medicare beneficiaries.

☒ Yes. The methods and standards used for the payment of these services are described in ATTACHMENT 4.19-B.

☒ Not applicable.

1920 of the
Act, P.L. 99-509
(Section 9407)

☒ (l) The Medicaid agency meets the requirements of section 1920(d) of the Act with respect to payment for ambulatory prenatal care furnished to pregnant women during a presumptive eligibility period.

1903(v) of the
Act, P.L. 99-509
(Section 9406)

(m) The Medicaid agency meets the requirements of section 1903(v) of the Act with respect to payment for medical assistance furnished to an alien who is not lawfully admitted for permanent residence or otherwise permanently residing in the United States under color of law. Payment is made only for care and services that are necessary for the treatment of an emergency medical condition, as defined in section 1903(v) of the Act. ATTACHMENT 4.19-B describes the methods and standards used to determine payment of these services.

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OCTOBER 1994

State/Territory: GUAM

Citation

4.19 (m) Medicaid Reimbursement for Administration of Vaccines under the Pediatric Immunization Program

1928(c)(2) (i) A provider may impose a charge for the
(C)(ii) of administration of a qualified pediatric vaccine
the Act as stated in 1928(c)(2)(C)(ii) of the Act. Within this
overall provision, Medicaid reimbursement to providers will
be administered as follows.

(ii) The State:

VLW
11/4 ~~—~~ sets a payment rate at the level of the regional maximum
established by the DHHS Secretary.

— is a Universal Purchase State and sets a payment rate at
the level of the regional maximum established in
accordance with State law.

VLW
11/4 ~~X~~ sets a payment rate below the level of the regional
maximum established by the DHHS Secretary.

— is a Universal Purchase State and sets a payment rate
below the level of the regional maximum established by
the Universal Purchase State.

The State pays the following rate for the administration
of a vaccine:

1926 of (iii) Medicaid beneficiary access to immunizations is
the Act assured through the following methodology:

1. All Medicaid private providers, Pediatricians, Family Practitioners and General Practitioners are supplied with free vaccines for administration to Medicaid eligible clients. These providers are paid by Medicaid for administering the vaccine aside from the regular clinic visit services.
2. All AFDC-EPSDT eligible clients are informed of available services including immunization through several venues:

During mass screening orientation;

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Citation

1926 of the Act Flyers are sent to identified AFDC families to inform them about the services available to children which include among others, immunization, and last but not least,

Personal calls to families with children.

3. Guam has a local statute that does not allow enrollment of children which includes Medicaid eligibles who have not been immunized or whose immunization is incomplete. This is at all levels of education.

TN No. 94-8

Supersedes

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